## SSI DISREGARD WORKSHEET



(Independent Living and HCBS Only)

Division of Health Care Finance  Case Name:	Case Number:			
Instructions: Use this form to compute the sincome. Only one disregard may be allowed information and complete either Section I, II, for the ES-3104.7.	for each assistance	e plan. Enter dates	and amounts in	the identifying
Month(s) Effective	Mo./year	Mo./year	Mo./year	Mo./year
Earned Income (Gross or adjusted gross)	\$	\$	\$	\$
Unearned income (Gross)	\$	\$	\$	\$
SECTION I Complete this section if Earned	Income is greater than	\$65 and Unearned In	ncome is greater tha	n or Equal to \$20.
<ul><li>a. Enter earned income</li><li>b. Divided by 2</li></ul>	\$÷2	\$	\$	\$÷2
c. Enter results (a ÷ b) d. Add \$52.50	= \$ + \$ 52.50	= \$ + \$ 52.50	= \$ + \$ 52.50	= \$ + \$ 52.50
e. Equals Total Disregard (c + d) *	= \$	= \$	= \$	= \$
a. Enter earned income b. Enter either unearned income or \$20, whichever is less.	\$ + \$	\$	s	** **
c. Equals Total Disregard (a +b) *	= \$	= \$	= \$	= \$
SECTION III Complete this section if Earner a. Enter earned income	ed Income is greater th	nan \$65 and Unearne	d Income is less tha	
b. Enter either unearned income	+\$			
c. Add \$85	+ \$ 85	+ \$ 85	+ \$ + \$ 85	+ \$ 85
<ul><li>d. Enter results (a +b +c)</li><li>e. Divided by 2</li></ul>	= \$	= \$ ÷ 2	= \$ ÷ 2	= \$
f. Equals Total Disregard (d÷2e) *	= \$	= \$	= \$	= \$
* Enter on Line 9 of ES-3104.5, Line 8 of				
	Initial/date	Initial/date	Initial/date	Initial/date